

Please type a plus sign (+) inside this box

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/624,213	
Filing Date	07/22/2003	
First Named Inventor	Jasminka DIZDAREVIC	_ ~ 4
Group Art Unit	2681	
Examiner Name		
Attorney Docket Number	C02-0053-001	

I hereby revoke application:	e all previous powers of attorn	ey or authorization	is of ag	ent given in t	the above-identified
☐ A Power	of Attorney or Authorization o	f Agent is submitte	ed here	with.	•
OR					
x Please ch	nange the correspondence add	dress for the abov	e-identi	fied applicati	on to:
	ustomer Number 33190	_	>		Place Customer Number Bar Code Label here
OR					
Individual Nam	ne				
Address				 	
Address					
City			C 4-4-		T = 1
Country			State		I ZIP I
Telephone			Fax	**************************************	
I am the:					
X Applicant	/Inventor.				
			•4		
	e of record of the entire interest of under 37 CFR 3.73(b) is end)	
	SIGNATURE of A	pplicant or Assign	e of Re	cord	
Name	JESSIE T.	LEE			
Signature	gan (. 8				
Date	6/15/04				
NOTE: Signatures of a forms if more than one	all the inventors or assignees of recor a signature is required, see below".	rd of the entire interest	or their r	epresentative(s) are required. Submit multiple
Total of	forms are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JUN 2 4 2004 Please type a plus sign (+) inside this box +

PTO/SB/82 (10-00) Approved for use the unit 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U > PEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it its ays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

The state of the s		
Application Number	10/624,2 3	
Filing Date	07/22/2	
First Named Inventor	Jasmink.	'DAREVIC
Group Art Unit	2681	
Examiner Name		
Attorney Docket Number	C02-00!	01

i hereby revoke application:	e all previous powers of atternay or	authorizations of agent giver	in 'above-identified
A Power	of Attorney or Authorization of Age	ent is submitted herewith.	
OR			
× Please c	hange the correspondence address	s for the above-identified appl	icat to:
× C	ustomer Number 33190		ace Customer umber Bar Code
OR			1007 11070
Firm or Individual Nar	ne		
Address			
Address			· · · · · · · · · · · · · · · · · · ·
City			
Country		State	ZIP
Telephone		Fax	
I am the:			
× Applican	t/Inventor.		
	e of record of the antice interest. Sent under 37 CFR 3.73(b) is enclose		
	SIGNATURE of Applic	a∺t or Assignee of Record	
Name	Simon JAM	ES RICHARIOS	020
Signature	Strobar do-		
Date	6/14/04		
NOTE: Signatures of forms if more than on	all the investors or assigness of report of a signature is required, such helps:	he entire interest or their represental	ive(s : required. Submit multiple
	forms are adsoutted.		
Surden Hour Statement: Th	is form is escended as the conduction people is required to complete this form should be sent to ES OR Contain the conduction of the sent to THIS APORES	o the Chief Information Officer, U.S. Pate	nt an - demark Office, Washington, DC



Please type a plus sign (+) Inside this box

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

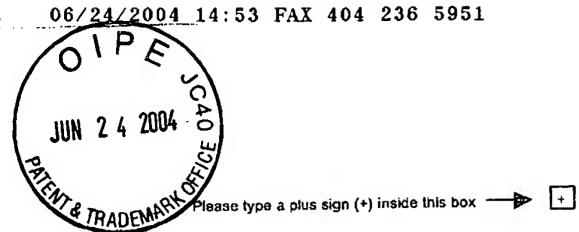
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/624,213
Filing Date	07/22/2003
First Named Inventor	Jasminka DIZDAREVIC
Group Art Unit	2681
Examiner Name	
Attorney Docket Number	C02-0053-001

l hereby revoke application:	all previous po	owers of attorney or	authorization	ns of age	ent given in	the above-	identified	
A Power of	of Attorney or A	Authorization of Age	ent is submitt	ed herev	vith.	•		
OR			·					
× Please ch	ange the corre	espondence address	s for the abov	e-identif	ied applicati	ion to:		
	stomer Numbe	er 33190				Place Cus Number B Label here	ar Code	
OR								
Firm or Individual Name	е							
Address								
Address								
City								
Country				State		_ ZIP		
Telephone				Fax		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
l am the:								
X Applicant/	Inventor.							
		he entire interest. S R 3.73(b) is enclose)			
Statemen							nen ne en	
	S	IGNATURE of Applic	ant or Assign	ee of Re	cord		·····	, ,
Name	Mar	k Wuth	mow					
Signature		k With	now					
Date		9/04		استنادات بادران وسوي				
NOTE: Signatures of a forms if more than one	Il the inventors or signature is requ	assignees of record of lired, see below.	the entire interes	st or their r	epresentative(s) are require	ed. Submit mu	ıltipl e
Total of	forms are su							
					and he ended	the individual	anna Any comp	nante Ar

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

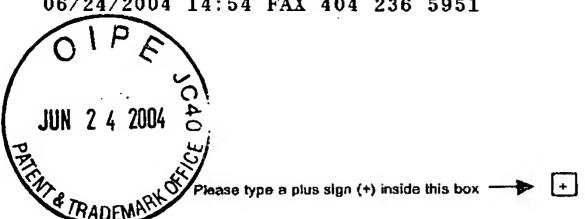
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/624,213
Filing Date	07/22/2003
First Named Inventor	Jasminka DIZDAREVIC
Group Art Unit	2681
Examiner Name	
Attorney Docket Number	C02-0053-001

A Power of Attorney or Authorization of Agent is submitted herewith. OR ▼ Please change the correspondence address for the above-identified application to: ▼ Customer Number 33190	I hereby revoke a application:	all previous powe	ers of attorney or authorizatio	ns of agent gi	ven in the above-identified
Please change the correspondence address for the above-identified application to:	A Power of	f Attorney or Aut	thorization of Agent is submit	ted herewith.	
Customer Number 33190 Flace Customer Number Bar Code Label here OR	OR				
Customer Number 33190 OR Firm or Individual Name Address Address City Country Telephone I am the: Asplicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarevic Signature Date O6.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	X Please cha	nge the corresp	ondence address for the abo	ve-identified a	
Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarcvic Signature Date OG. 09. 2004 NOTE: Sionatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	× Cus	tomer Number	33190	 ▶	Number Bar Code
Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarevic Signature Date O6.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR		·		
City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarcvic Signature Date Dote Dote Dote OG. 09. 2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Country Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdare vic Signature Date O6.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple	Address				
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarevic Signature Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address				,
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarevic Signature Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	City			T T	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarevic Signature Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Country			State	ZIP
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarevic Signature Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Telephone			Fax	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdarevic Signature Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	I am the:				
SIGNATURE of Applicant or Assignee of Record Name Jasminka Dizdare vic Signature Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		nventor.			
Name Jasminka Dizdare vic Signature Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Name Jasminka Dizdarevic Signature O6.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Statement	under 37 CFR 3	3.73(b) is enclosed. (Form P1	O(28/96)	
Signature 7.6.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple		SIGN	NATURE of Applicant or Assig	nee of Record	
Signature 7.6.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple	Name	Jasmink	a Dizdarevic		
Date 06.09.2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Signature				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Date	·			
Millo II (II/O mail one editatore redement one service.	NOTE: Signatures of all	the inventors or as	signees of record of the entire intere	st or their repres	entative(s) are required. Submit multiple
*Total offorms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/624,213
Filing Date	07/22/2003
First Named Inventor	Jasminka DIZDAREVIC
Group Art Unit	2681
Examiner Name	
Attorney Docket Number	C02-0053-001

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:
A Power of Attorney or Authorization of Agent is submitted herewith.
OR .
Please change the correspondence address for the above-identified application to:
× Customer Number 33190
OR Label here
Firm or Individual Name
Address
Address
City
Country State ZIP
Telephone Fax
1 am the:
X Applicant/Inventor.
Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record
Name RICHARD MAN-KEUNG TAM
Signature Richel Mill Tam
Date JUNE 10, 2004-
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.
Total offorms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.